

2018

In-home Supports Assurance System

Provider Portal User Guide



In-home Supports Assurance System



MARYLAND
Department of Health

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Common Terms and Definitions

Adjustment: A modification (increase or decrease) to a paid or rejected claim.

Admin Provider: User role in Provider Portal. Agencies may have up to five (5) Admin Provider Profiles and each user must have their own profile. Manages staff profiles and billing activities

Agency Administrator: A person who is responsible for the agency’s administrative tasks.

Agency Provider: An organization that employs and manages staff providers for the purpose of providing services to people who need assistance with Activities of Daily Living (ADL).

Billing Provider: User role in Provider Portal. Billing Providers may carry out administrative tasks with the exception of entering new staff provider profiles. Each user must have their own profile.

Claims: A combination of one or more services bundled together based on shared Agency Provider number, participant Medicaid (MA) number, procedure code, and date of service. Services are bundled into claims and submitted to MMIS nightly.

Claim Statuses:

- **Paid:** The claim was paid by MMIS and the Agency will receive payment.
- **Rejected:** The claim was rejected by MMIS and no payment was issued.
- **Submitted to MMIS:** The claim has been sent from ISAS to MMIS and ISAS is awaiting confirmation that the claim has been paid or rejected. (ISAS is updated with claim information on Wednesdays.)

Claim Types:

- **Original:** The first iteration of a claim
- **Adjustment:** A claim that has been changed. Both Original and Adjustment claims can be adjusted to create an “adjustment” claim
- **Void:** A claim that was reduced down to zero units
- **N/A:** No claim has been created for this service(s)

Code of Maryland Regulations (COMAR): The official compilation of all administrative regulations issued by agencies of the State of Maryland. Agency providers are legally responsible for following guidance set forth in COMAR.

Community Options (CO): Waiver program currently working with ISAS. The purpose of this program is to provide facility level services to older adults and individuals with disabilities. This allows them to remain in their own homes. (COMAR 10.09.54)

Community First Choice (CFC): Waiver program currently working with ISAS. The purpose of this program is to provide facility level services to older adults and individuals with disabilities, allowing them to remain in their own homes. (COMAR 10.09.84)

Community Personal Assistance Services (CPAS): Waiver program currently working with ISAS. The purpose of this program is to provide services to participants formerly in the Medical Care Assistance Personal Care (MAPC) program. Applicants must require an institutional level of care. (COMAR 10.09.20)

Maryland Department of Health: An Agency of the State of Maryland responsible for public health issues. The Department is led by a secretary who is a member of the Cabinet of the Governor of Maryland.

Daily Personal Assistant Services (DPAS): MDH will no longer pay the 15 minute unit rate for more than 12 hours per day. MDH will pay a flat rate for each pre-authorized day of service over 12 hours if there is a Daily Rate listed for that day on the Participant’s Plan of Service.

Emergency Service: Services provided to a participant during an emergency experienced by the participant or by the Agency Provider

Emergency Service Types:

- **Backup Services:** Services provided by a substitute agency provider because the primary agency provider is unable to offer services during that time
- **Emergency Services:** Services provided by the agency provider that are above the normal amount of services the participant receives. The participant is eligible to receive extra services because of an emergency. The participant’s Supports Planner must approve the extra service hours.

Exception: A service or claim that does not meet the ISAS system rules for processing. The service or claim is pended until the exception is resolved by a member of the ISAS Division.

Increased Community Service Program (ICS): The Increased Community Services program is for individuals who reside in nursing facilities who would like to live in their homes and communities; however, their income is too high for participation in Medicaid home and community-based waiver programs.

The In-Home Supports Assurance System (ISAS): The telephonic timekeeping application hosted by MDH that all agencies are required to use to record in-home services. The ISAS system records services, bundles services into claims and submits claims to MMIS for payment. Agency administrators can sign into the ISAS website at <https://ltssmaryland.org> to view services and claims. ISAS also refers to the Division within MDH that monitors **the ISAS system**.

Missing Time Request (MTR): When a staff provider is unable to use the telephone to record their service, an Agency Administrator may use the ISAS website to manually record the missing clock-in or clock-out. These manual clock-ins and outs are called “Missing Time Requests”

Medicaid Management Information System (MMIS): The system used by the State of Maryland to adjudicate (pay or reject) claims.

One Time Password Device (OTP) - A time-synchronized device issued to participants by Supports Planners to assist Staff Providers to record their clock in/out times through the ISAS system. Not all Participants will have an OTP device in their homes.

Participant: Any person enrolled in CFC, CO, or CPAS program. Note: LTSS and ISAS system may use the term Client.

Personal Assistant Services (PAS): Service type provided to a single participant at a given time, meaning that the staff provider is authorized to bill for one participant at one time.

Plan of Service (POS): The POS is a document that describes the Participant’s needs and goals, and the services that MDH authorizes to meet the Participant’s needs and goals. The POS include important information about the Participant, the Agency Provider, the Supports Planner, and the services authorized by MDH.

Service: A complete shift created when a staff provider calls into the ISAS system at the beginning of a shift (“clock-in”) and end of a shift (“clock-out”).

Service Statuses:

- **New:** A new service has been created. This can be modified by MDH and providers.
- **Pending - Provider:** - A service that generated an exception during nightly exception checks. This service will need review by the provider before it can be processed into a claim. Only applicable to Overlap by Same Staff – Same Agency
- **Provider - In progress:** Agency provider has started editing the service but has not yet submitted it to MDH for approval
- **Needs Authorization:** The service, missing time entry, or adjustment has to be approved by MDH.
- **Pending: MDH:** A service that generated an exception during nightly exception checks. This service will need review by MDH before it can be processed into a claim
- **MDH In-Progress:** A service that is under review by MDH
- **MDH Reviewed: MDH has reviewed and taken action on an exception.** This service is ready for the overnight process to become a claim
- **Not Authorized:** A service that was manually entered by the provider administrator and was rejected by DHMH.
- **Ready:** A service that is pending submission for payment.

- **Closed:** A complete service with a verified clock-in and a verified clock-out. This service is submitted for payment.

Shared Attendant Services (SAS): Service type provided when two participants are living together and choose to have one staff provider working with both participants at the same time.

Supports Planning Agency (SPA) or Supports Planner (SP): A caseworker who helps the participant to choose and monitor their services

Staff Provider: Employed by Agency Provider. Provides personal care services to participants in the community.

ISAS Provider Portal Icons



New Service Activity:

Located in the upper right hand corner of the Provider Portal website is a clock icon. This icon appears in every tab. This icon is used to submit new services/ Missing time requests.



Emergency services:

This icon will appear on all services provided by the agency provider that are above the amount of services approved in the POS. These types of services must be approved by Supports Planner.



Backup Services:

This icon will appear on all services provided by a substitute agency provider because the primary agency provider is unable to offer services during that time



Phone:

The phone icon signifies that the service time was entered by phone. If a staff provider successfully uses the ISAS system to log their service transaction, a phone icon will appear next to the service time.



Pencil:

The pencil icon signifies that the service time was entered manually. Example: If an agency submits a service as a missing time request, a pencil will appear next to the service time.



Staff Search

The person icon signifies staff search. This icon can be found in the “Provider” tab located in the menu toward the top of the Provider Portal. In the Staff search tab the agency can search and review all staff providers associated with their agency and the provider number they work under.



Provider Number Search

The provider icon signifies provider number search. This icon can be found in the “Provider” tab located in the menu toward the top of the Provider Portal. In the Provider search tab the agency can search and review all provider numbers assigned to their agency.



Caret

The caret icon indicates that there is a menu, and when clicking on the caret the menu can be expanded or minimized.

Help Tab:



The book icon tab lists links to all Reference guides, trainings, FAQs and webinars to assist the agency.



The phone tab icon lists different contact information throughout MDH to assist the agency.

1.1 ISAS Background Information

The **In-home Supports Assurance System (ISAS)** is a phone-based electronic timekeeping system for staff providers giving in-home personal assistance services to eligible Medicaid Participants. **Maryland Department of Health (MDH)** implemented ISAS in 2013. ISAS replaced the paper billing method. All staff providers are required to use the ISAS system.

The purpose of ISAS is to monitor in-home services and to ensure accurate and timely provider payment. Staff providers are required to call into ISAS to record service start times (clock-in times) and end times (clock-out times). Calls are matched with the agency provider number, staff provider social security number, service type, and participant MA#. If the system cannot match all four criteria, the services are pended and will be manually reviewed by MDH. If the system can match all of the criteria, calls are matched together to form services. The services will be automatically generated into claims nightly and will be submitted to the Medicaid Management Information System (MMIS) for payment.

To access the ISAS phone system, Staff Providers dial a toll-free number **1-855-463-4727 (1-855-4MD-ISAS)** and enter their credentials. Upon successful credential authorization, the service start time and end time are recorded.

1.2 Programs Currently Using ISAS

The purpose of the five Medicaid programs listed below is to provide certain home and community-based services and supports, as an alternative to institutional placements, to individuals who have been determined to require an institutional level of care. To learn more about these programs, please visit <https://mmcp.MDH.maryland.gov/longtermcare/pages/Community-First-Choice.aspx> or review the [COMAR](#) citations listed below.

Community Options (CO) Waiver: The purpose of this program is to allow individuals who need nursing-facility level of care to live in the community. Personal Assistance services provided under this waiver are recorded through ISAS. ([COMAR 10.09.54](#))

Community First Choice (CFC): The purpose of this program is to allow individuals who need nursing-facility level of care to live in the community. Personal Assistance services provided under this waiver are recorded through ISAS. ([COMAR 10.09.84](#))

Community Personal Assistance Services (CPAS): The purpose of this program is to allow individuals who need nursing-facility level of care to live in the community. Personal Assistance services provided under this waiver are recorded through ISAS. ([COMAR 10.09.20](#))

Increased Community Service Program (ICS): The Increased Community Services program is for individuals who reside in nursing facilities who would like to live in their homes and communities; however, their income is too high for participation in Medicaid home and community-based waiver programs.

1.3 ISAS Program Timeline

Program	Description	Date
LAH	Living at Home (LAH) Agency Providers must use only ISAS for billing.	October 3, 2013
WOA	Waiver for Older Adults (WOA) <i>Agency Providers</i> must use only ISAS for billing.	November 7, 2013
LAH	Living at Home (LAH) <i>Independent Providers</i> must use only ISAS for billing.	December 2, 2013
WOA	Waiver for Older Adults (WOA) <i>Independent Providers</i> must use only ISAS for billing.	December 9, 2013
CO	Community Options (CO) program is established. LAH and WOA merge together to form the CO Program. CO Providers must use ISAS.	January 6, 2014
CO	Agency Administrators must use their online ISAS account to enter in missing times.	January 6, 2014
CFC	Community First Choice (CFC) program is established. Participants are transitioned into the CFC program. CFC Providers must use ISAS.	January 2014
CO and CFC	Previous WOA Independent Providers can only bill up to 40 hours per week. (Previous LAH independent providers were always limited to 40 hours per week.)	April 17, 2014
CO, CFC, CPAS	CO, CFC, and CPAS programs no longer enroll Independent providers. All personal assistance care must be provided by Agency Providers.	October 1, 2015
CPAS	Community Personal Assistance Services (CPAS) program is established. CPAS Providers must use ISAS.	October 1, 2015
DPAS Rate	Daily Personal Assistance Services (DPAS) Rate: Participants with needs above 12 hours of personal assistance services per day will have their services reimbursed at a daily flat rate instead of paid in incremental unit payments based on time worked.	May, 1 2017
ISAS Provider Portal	New ISAS online system focused on improving the timekeeping and billing experience for providers.	December, 16 2017

1.4 When Should Providers Start Using ISAS

- Participant is eligible for and enrolled in Medicaid and is fully enrolled in the CFC, CO, CPAS, or ICS program
- Agency provider is enrolled as a type 76 Medicaid provider and is eligible to give services
- The participant’s Plan of Service has been approved by MDH and is in an active status
- Service Notification form has been sent to providers to notify them they may start services.

Note: Providers will not be paid for services billed prior to the **effective date** listed on the Participant’s POS. Agencies should not begin billing or providing services until they have received the **Service Notification Form** from the Participant’s Supports Planner.

The agency provider can verify the participant’s eligibility for Maryland Medicaid benefits by calling the Eligibility Verification System at 1-866-710-1447 or by going to the website, www.emdhealthchoice.org. It is the agency provider’s responsibility to know if the participant is eligible.

1.5 Service Types Billed through ISAS

Personal Assistance Services (PAS): Service type provided to a single participant at a given time, meaning that the staff provider is authorized to bill for **one participant at one time**. The staff provider should **press 1** for "Personal Assistance Services" when clocking in and out of ISAS.

Shared Attendant Services: Service type provided when two participants are living together and choose to have one staff provider working with both participants at the same time. The staff provider should **press 2** for "Shared Attendant services" when clocking in and out of ISAS.

The staff provider only needs to clock in and out for one participant when giving shared attendant services. The system will automatically clock the staff provider in for BOTH Participants.

Daily Personal Assistant Services (DPAS): MDH will not pay the 15 minute unit rate for more than 12 hours per day. MDH will pay a flat rate for each pre-authorized day of service over 12 hours if there is a Daily Rate listed for that day on the Participant’s Plan of Service. The personal assistance service definition and requirements remain the same. The staff provider should **press 1** for "Personal Assistance Services" when clocking in and out of ISAS.

Note: When a Plan of Service has both personal assistance services and daily rate personal assistance services, providers must only provide services according to the Plan of Service. The POS will specify which days each service type should be provided. Billing may be affected if the provider agency bills for the wrong service on the wrong day.

Example:

Participant: Annie Doe

Service Type- **PAS: Monday, Wednesday, and Friday**

Service Type- **DPAS: Tuesday and Thursday**

Participant Name	Monday	Tuesday	Wednesday	Thursday	Friday
Annie Doe	PAS	DPAS	PAS	DPAS	DPAS

Billing will be affected!

2.1 Registering for ISAS: Agency Administrator

Agency Administrators should **immediately** complete the following:

1. Watch the training webinars found at www.LTSSstraining.org.
2. Contact the ISAS help desk at ISASHelpDesk@Ltssmaryland.org or **1-855-463-5877** to create an account and register your email address. You will need to provide the following information:
 - Your name
 - Your email address
 - Agency phone number
 - Agency provider number
 - Agency's waiver program eligibility (e.g. CO, CPAS or CFC)

2.2 Accessing ISAS Online

1. The ISAS Provider Portal website is <https://LTSSMaryland.org>
2. Enter 'Username' and 'Password' (Important: Do NOT share your username or password with anyone.)

2.3 Navigation

Along the top of the screen listed side by side are the following tabs:

- **Home** – The home page lists a history of all ISAS announcements and displays the agencies exceptions count. Here the agency can find how many exceptions the agency needs to resolve.
- **Service**- The service page is where the agency can search for all services provided by their staff. This is also where the agency can submit new services by selecting the "New Service Activity" clock Icon in the upper right corner. Claims, exceptions, and Missing Time requests are all found in the Services tab.
- **Clients**- the Clients tab allows the agency to search for specific client information. Here the agency can view the client's Plan of Service (POS).
- **Providers**- the Providers tab is where you can view details for all provider numbers associated with the agency. It is also where you can view, edit and create new profiles for the Admin, Billing and Staff provider user roles.
- **Reports** – The reports tab contains links to all ISAS reports: Claims Report, Provider Staff Report, Remittance Advice Report, Service Overlap Report, Services Rendered Report and Services Rendered Report Advanced.
- **Help**: The help tab contains links to additional materials, trainings, guides, webinars FAQs and contacts to assist the agency.

Provider Portal	Home	Services	Clients	Providers	Reports	Help	Feedback
------------------------	------	----------	---------	-----------	---------	------	----------

2.3.1 Left Sided Navigation

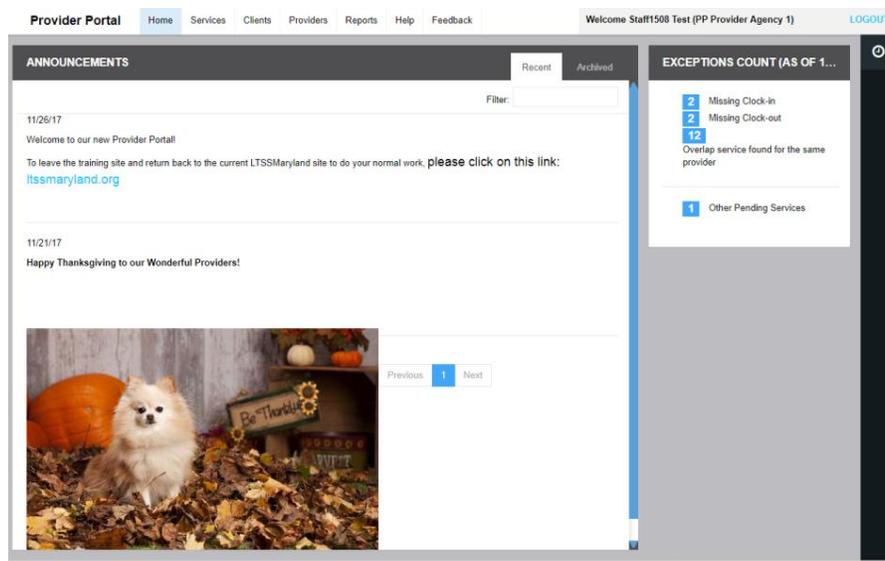
Under the “Provider” and “Help” tabs there are additional navigation options on the left.

Provider Tab:

1.  PROVIDER NUMBER SEARCH
2.  STAFF SEARCH

In the Staff search tab the agency can search and review all staff providers associated with their agency and the provider number they work under.

2.4 Announcements



In the upper left section of the announcements page you will find important communications from the ISAS Division. Make sure you check the homepage regularly for vital information regarding changes, deadlines and other subjects.

In the upper right section you will see the exceptions count for your agency. New exceptions are updated once daily during our overnight processes. You will see the total exception count for each type of exceptions. The total number of exceptions will decrease as they are resolved.

The top three exceptions can be resolved by agencies and the bottom “pending” section will be resolved by MDH.

2.5 Provider and Staff Roles

Admin Provider Role

Admin Provider Role is used by agency administrators. This role can create and edit staff and manage all billing functions. The Admin Provider is able to add additional Admin Providers, up to 5 per agency

Creating Admin Provider

1. Go to the 'Provider' tab in Provider Portal
2. Click the staff icon on the left. 
3. Click the "Create Staff" box to the upper right
4. Enter required information on each screen clicking through with the "next" button
5. Choose "Admin Provider" from the drop-down menu under heading Role(s)
6. Review and submit
7. Contact Technical Help Desk at 855-463-5877 to set up online access to Provider Portal

Billing Provider Role

Billing Provider Role is used to manage billing and they are not able to create or edit staff. This role is set up by the Admin Provider. Providers are allowed up to 5 billing providers per agency.

Creating Billing Provider

1. Go to the 'Provider' tab in Provider Portal
2. Click the staff icon on the left. 
3. Click the "Create Staff" box to the upper right
4. Enter required information on each screen clicking through with the "next" button
5. Choose "Billing Provider" from the drop-down menu under heading Role(s)
6. Review and submit
7. Contact Technical Help Desk at 855-463-5877 to set up online access to Provider Portal

Staff Provider Role

The Staff Provider must have a staff profile and be trained to use ISAS before they begin to care for Participants. Agency Administrators are responsible for entering accurate information into the staff profiles. Additionally, Agency Administrators are required by the provider agreement to check the Federal List of Excluded Individuals and Entities (LEIE) as well as the State of Maryland Sanctioned Providers list prior to hiring staff. You can find the links on the [Medicaid Provider Information page](#). Staff providers do not have access to Provider Portal.

Creating Staff Provider

1. Go to the 'Provider' tab in Provider Portal
2. Click the staff icon on the left. 
3. Click the "Create Staff" box to the upper right
4. Enter required information on each screen clicking through with the "next" button
5. Choose "Staff Provider" from the drop-down menu under heading Role(s)
6. Review and submit

NOTE: All information in the staff profile must be true and accurate for that staff person. Email address is now required. If staff provider doesn't have an email address you may enter the agency email address.

2.6 Viewing and Editing Staff

1. Go to the 'Provider' tab in ISAS
2. Click the staff icon to the left. 
3. Search for staff
4. Select "Details" button to view staff details

STAFF DETAILS FOR TS, BILLTEST			
STAFF PROFILE			
DEMOGRAPHICS			
Last Name:	Middle Name:	First Name:	
TS		BillTest	
Gender:	Date of Birth:	SSN:	
Male	11/01/2017	***-**-3902	
Fluent Language(s): Chinese, English, Korean			
EMPLOYMENT			
Business Title:	Employment Type:	Status:	Reactivate Staff
Administrator	Full Time	Inactive	
Effective Start Date:	Reactivation Date:		
11/01/2017	11/01/2017		
Points for Dec 2017: 0			
CONTACT			
Type:	Phone #	Phone Notes:	
Other	(334) 239-4823 Primary		
Email Address: bill@bill.com			
LOCATION			
Agency: PP Provider1			
Location(s):		Role(s):	
PP1 Location1 - 119000911		Admin Provider	
PP1 Location2 - 129000912		Billing Provider	
		Staff Provider	
PROGRAM TYPES			
Program Type(s): CO, IC, CFC, CPAS			
IVR INFORMATION			
First Time IVR used:		Last Time IVR used:	
--		--	
LOGIN INFORMATION			
Allow Login?			
No			
OTHERS			
Profile Created Date:		Last Modified Date:	
11/17/2017		11/28/2017	

The following may be viewed and edited:

1. **Demographics**
 - Name
 - Date of Birth
 - SSN
 - Language
2. **Location**
 - Agency
 - Location
 - Role
3. **Employment**
 - Business title (optional)
 - Employment type
 - Status
 - Effective Start Date
 - Reactivation Date
4. **Program Types**
5. **IVR Information**
 - First Time IVR Used
 - Last Time IVR Used
6. **Log In Information**
 - Allow Login (staff providers do not have log in access)
7. **Contact**
 - Type and Number
 - Email Address
8. **Others**
 - Profile Created Date
 - Last Modified Date

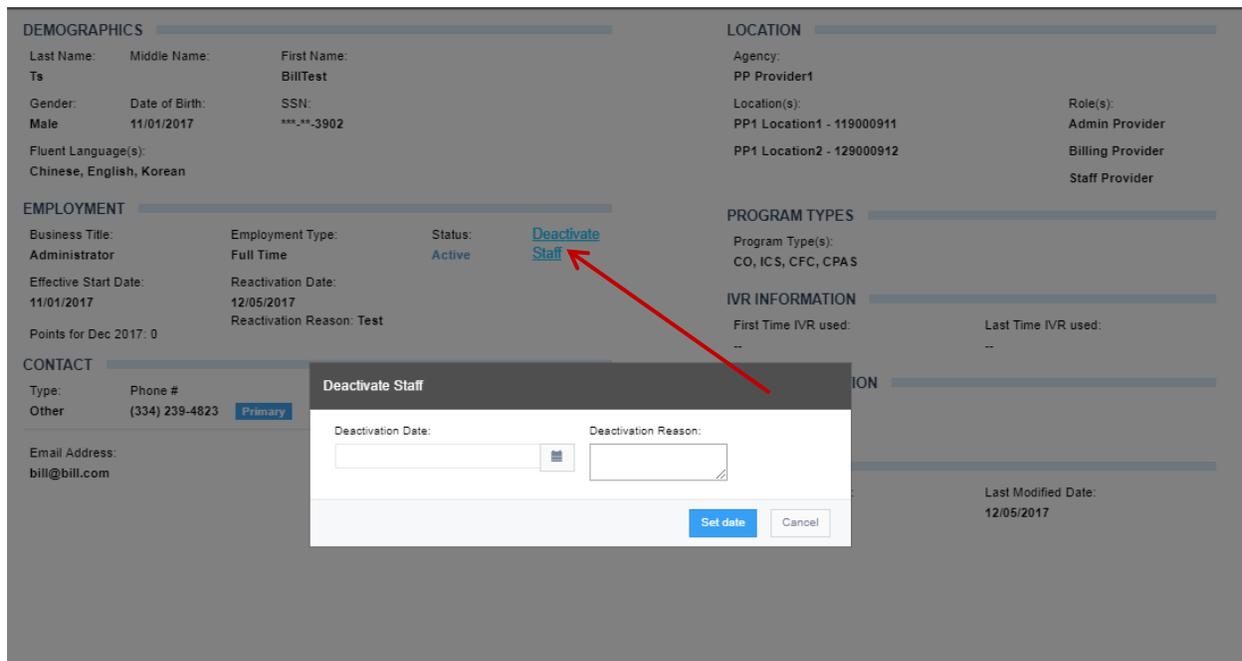
The Provider Portal staff profile contains some fields that didn't appear in the old system. You will need to update these fields upon editing a profile in order to save.

2.7 Inactivating Staff

If a staff provider is terminated or quits, agency administrators are responsible for inactivating the staff profile with accurate vacate dates.

1. Go to the 'Provider' tab in ISAS
2. Click the staff icon to the left. 
3. Search for staff
4. Select "Details" button to view staff details
5. Select staff
6. Select edit in bottom right corner
7. Select "Deactivate Staff" hyperlink and enter Deactivation Date and Deactivation reason
8. Click "Set date" button

Once staff is deactivated, they will not show in a search of active staff. However, if the deactivated staff is a staff provider, they will still be able to clock in and out.



The screenshot displays the ISAS staff profile page for a provider named Bill Test. The page is divided into several sections: DEMOGRAPHICS, LOCATION, EMPLOYMENT, PROGRAM TYPES, IVR INFORMATION, and CONTACT. A modal dialog box titled "Deactivate Staff" is open in the foreground, featuring two input fields for "Deactivation Date" and "Deactivation Reason", and two buttons at the bottom: "Set date" and "Cancel". A red arrow points from the "Deactivate Staff" link in the EMPLOYMENT section to the dialog box. The status of the provider is shown as "Active".

DEMOGRAPHICS			LOCATION	
Last Name: Ts	Middle Name:	First Name: BillTest	Agency: PP Provider1	
Gender: Male	Date of Birth: 11/01/2017	SSN: ***-**-3902	Location(s): PP1 Location1 - 119000911	Role(s): Admin Provider
Fluent Language(s): Chinese, English, Korean			PP1 Location2 - 129000912	Billing Provider
				Staff Provider

EMPLOYMENT			PROGRAM TYPES	
Business Title: Administrator	Employment Type: Full Time	Status: Active	Deactivate Staff	Program Type(s): CO, ICS, CFC, CPAS
Effective Start Date: 11/01/2017	Reactivation Date: 12/05/2017	Reactivation Reason: Test		IVR INFORMATION
Points for Dec 2017: 0				First Time IVR used: --
				Last Time IVR used: --

CONTACT		ION	
Type: Other	Phone #: (334) 239-4823		
Email Address: bill@bill.com			
			Last Modified Date: 12/05/2017

2.8 Client Profiles:

Provider agencies are able to search for and view information about their clients in the “Client” tab in the Provider Portal. Each client has a “Client Profile” that displays information about the client. Provider agencies are only able to search for and view clients that are actively receiving services from their agencies. Agencies can only view clients who have an active and approved POS listing that agency. Agencies are unable to edit the client profile.

- **Active POS:** An active Plan of Service is the Plan of Service that is open today.
- **Approved POS:** An approved Plan of Service has been reviewed and signed by the Maryland Department of Health, which gives the participant final authorization for the services described therein.

If an agency is currently listed as a service provider on an active and approved POS for a participant:

- The Provider Administrator will be able to view the current **active** and approved POS for that participant
- The Provider Administrator will be able to view any **inactive** POS that list the agency for that participant

Even though the agency can now view the current active approved Plan of Service, the agency should still work closely with the Supports Planner for all case coordination.

The Supports Planner will still:

- Plan the participant’s care
- Write the POS
- Collect signatures on the POS
- Send agencies a Service Notification Form with the start or end dates for services

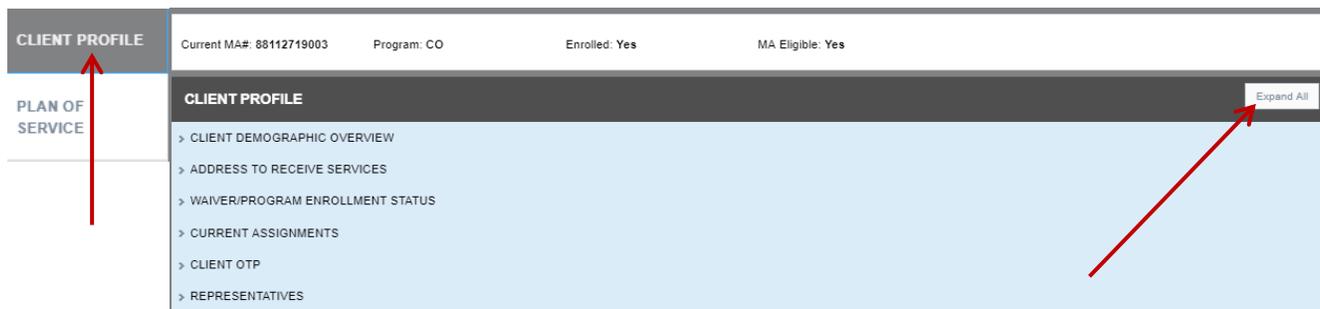
Provider Administrators should use the Client Profile and Plan of Service in the Provider Portal as a reference material, but must still consult with the Supports Planner before beginning or ending care for a participant. Agencies MAY NOT begin services until they receive a Service Notification Form from the Supports Planner.

2.9 View Client Profile

1. Select Clients tab
2. Enter search parameters
3. Select Client Profile tab on the right and click “Details”

CLIENTS SEARCH		CLIENT RESULTS - 1		Sort By ▼	
Date of Birth:	Phone #:	Last Name: TS		First Name: TestClient0003	
<input type="text"/>	Ex: 5555555555	ID #: 2000203ET091231			
Last Name:	First Name:	MA#: 88112719003	Program: CO	Enrolled: Yes	MA Eligible: Yes
TS	TestClient0003	Date of Birth: 10/30/2007	Primary Phone Number: (708) 708-3434		
MA #:		Details			
Client MA Eligible:	Client Enrolled:				
All selected (2) ▼	All selected (2) ▼				

You may view the following sections by selecting “Expand All” in the upper right corner, or selecting the individual section.



1. Client Demographic Overview

- Client Name
- MA#
- Current Address
- DOB
- Age
- Primary Phone #
- Guardian of Person
- POS Effective Date
- Narrative

2. Address to receive services

- Address Type
- Full Address
- Home type
- Home setting
- Lives with Family

3. Waiver Program Enrollment Status

- Program Type
- POS type

4. Current Assignments

- Name, Agency, phone and email for Supports Planner

5. Client OTP

- OTP Serial number (if blank, no OTP)

6. Representatives

- Name, Relationship and type of Guardian (Guardian of Person, Guardian of Property, CFC Representative)

2.10 View Client Plan of Service (POS)

1. From selected client
2. Select Plan of Service tab on left
3. Look for Active POS
4. Select Details hyperlink to view POS details.
5. POS will only show details for YOUR agency

CLIENT PROFILE		Current MA#: 88112719003	Program: CO	Enrolled: Yes	MA Eligible: Yes			
PLAN OF SERVICE	PLAN OF SERVICE - LIST							
	Program Type	Date Created	POS Type	Effective Date	End Date	Status	Active	Actions
	CO	11/17/2017	Revised	05/01/2017		Approved	Active	Details
	CO	11/16/2017	Revised	05/01/2017	05/01/2017	Approved	Inactive	Details
	CO	11/15/2017	Revised	09/01/2017	09/01/2017	Approved	Inactive	Details

1. Overview Information

- Client Name
- MA#
- Current Address
- Date of Birth
- Age
- Program Type
- Primary Phone
- Guardian of Person
- POS Type
- Created Date
- POS Effective Date
- POS End Date
- Narrative

2. Services

- Service
- Service Type
- Provider Name
- Units
- Frequency
- Rate
- Annual

3. Emergency Backup Plans

- Primary?
- Name
- Relationship
- MA Enrolled
- Provider

4. Address to Receive Services

5. Decision

6. Self-Direction

7. Signatures

2.11 Clocking In and Out

All Staff Providers must clock in and out of ISAS at the start and end of each service to record the services and receive payment. The Staff Provider will clock in and clock out using one of the following:

1. The Participant's phone
2. Cell phone along with the One-Time Password (OTP) device

Staff providers may **NOT** use their personal phones to clock in and out through ISAS unless accompanied with an OTP device and approved by the Participant's Supports Planner (SP).

Calling the ISAS System

To clock in and out through the ISAS system the staff provider should call **1-855-463-4727 (1-855-4MD-ISAS)**. Staff Providers will need the following information when they clock in or out through ISAS. It is the Agency's responsibility to ensure all staff providers have the following information prior to providing services to recipients and are fully trained on how to use the ISAS system.

- Participant's Medical Assistance (MA) number
- Agency Provider number
- Staff Provider Social security number
- OTP device (if assigned)

Staff Providers must listen to the system questions and enter the correct information all the way until the **END** prompt, which will say **"Goodbye"**.

Note: The Agency Administrator **MUST** create the Staff Provider Profile in LTSS Maryland prior to starting services. If there is no staff profile, the Staff Provider will not be able to clock in and out of ISAS and MDH will not pay the service.

2.12 The ISAS Call-in System

Below is an outline of the verbal prompts in the ISAS system. It is the Agency Administrator's responsibility to ensure that the Staff Provider is familiar with the ISAS Telephonic system prior to providing services. This is a useful tool to assist with training Staff.

Greeting: "Welcome to the ISAS Maryland Clock in and Clock out System."

Prompt 1: "For personal assistance services, press '1'. For shared attendant services, press '2'."

If you press 1: "You selected personal assistance services. If this is the correct service, press '1'. If this is the wrong service, press '2'."

If you press 2: "You selected shared attendant services. This means you are working for more than one Participant at the same time. To bill correctly, clock in and clock out using only one Participant's information. The system automatically records times for both Participant s. If this is the correct service, press '1'. If this is the wrong service, press '2'."

Prompt 1A: Sometimes Required (Required if Staff Provider is not calling from Participant phone) "Enter the Participant's 11-digit MA number."

Prompt 1B: Sometimes Required (Required if the Participant has an OTP device) "Enter the 6 digit OTP passcode."

Prompt 1C: "The phone number you are calling from is not listed on the Participant's plan of service and no OTP has been issued. If you hang up and call from the correct phone number your call will be processed successfully. If you continue clocking in or out now, your time will be recorded but MDH will review the call and payment could be affected. To continue with this transaction, Press 1." *(You will only hear this message if you do not call from the Participant's phone and no OTP device is assigned)*

Prompt 2: "Enter your nine- digit provider number."

Prompt 3: "Enter you nine-digit Social Security Number"

Prompt 4: "To clock in, press '1'. To clock out, press '2'."

- *If you press 1:* "To confirm your clock in time of...<Date/Timestamp> Press 1. To go back, press 2 " *(Pressing 1 moves you to the next prompt, pressing 2 takes you back to the beginning of prompt 4)*
- *If you press 2:* "To confirm your clock out time of...<Date/Timestamp> Press 1. To go back, press 2 " *(Pressing 1 moves you to the next prompt, pressing 2 takes you back to the beginning of prompt 4)*

Ending: "Thank you for calling the ISAS Maryland Clock In and Clock out System. Goodbye"

Note: Staff Providers **MUST** wait to hear the **ENDING** prompt before hanging up. If they do not wait, the shift times will not be recorded in ISAS.

2.13 One Time Passcode (OTP) Device

A One Time Passcode Device (OTP) is a time-synchronized device issued to a participant by the participant's Supports Planner. The OTP device was designed to assist Staff Providers in recording clock in/out times in the ISAS system. Not all participants will have an OTP device in their homes. However, if they do, the Staff Providers are required to use it with every clock in and clock out. OTP devices are solely distributed by Supports Planners directly to Participants. OTP devices must **ALWAYS** remain with the participant to whom it has been assigned. It is considered fraudulent behavior for a Staff Provider to take the OTP device out of the participant's possession. OTP devices will only be issued under the following conditions:

1. Participant does not have a reliable phone that the Staff Provider can use.
2. More than one Participant lives in the same household & shares a phone.
3. The Participant often receives personal assistance services in the community.

OTP Devices **must stay with the participant at all times**. We recommend keeping the device attached to the refrigerator. The SPA will educate the participant to ensure they are aware that the OTP device **MUST** be kept in an easily accessible location at all times. If the participant misplaces the OTP device or the device is broken or malfunctioning, the Staff Provider or Agency Administrator must contact the participant's Supports Planner

If an OTP device is assigned, the Staff Provider will hear the following phrase when they clock in and clock out: "Enter the 6 digit OTP passcode". When they hear this phrase, they should look at the number on the device:

Enter the 6 digits. In the picture, below, the Staff Provider would enter 728197.



Note: The number on the front of the device changes every 60 seconds. Staff Providers can tell if the number will change soon by looking at the bars to the left of the number. Each bar tells the Staff Providers that 10 seconds have passed. Staff Providers may wish to write down the OTP code before calling the ISAS system so the code will not change.



Workweek and Billing Cycle

3.1 MDH Workweek

MDH defines the workweek as starting on Thursday and ending on Wednesday (11:59 PM) for all staff providers. Agency Providers are paid weekly, for services provided between Thursday and Wednesday.



One paycheck may also include payments for approved Missing Time Requests and Adjustments with dates of service that fall outside of the workweek. All overnight services will have the date of service for the date on which the service started.

Example: If a Staff Provider clocks in Wednesday at 10PM and clocks out on Thursday at 5AM, the service will have the date of service for Wednesday.

Service Billed According to the Plan of Service (POS)

Agency Providers should only provide services that are pre-approved on a Participant’s POS. MDH will only pay Agency Providers for services provided up to the approved POS hours ([COMAR 10.09.54.20](#)). Plan of Service hours are calculated using the ISAS workweek from Thursday to Wednesday. A closed shift, or a service, is created when a provider calls into the ISAS system at the beginning of a shift (“clock in”) and end of a shift (“clock out”). The service duration (hours) is calculated by finding the difference between the clock in and clock out time.

EXAMPLE: Provider A is allowed to work 20 hours (80 units) per week, but clocked in and out for the following times:

Day	Clock in	Clock out	Hours Billed	Units billed	Units Allowed
Thursday	8:00 AM	11:00 AM	3.00	12	12
Friday	8:00 AM	10:30 AM	2.50	10	10
Saturday	8:00 AM	1:00 PM	5.00	20	20
Sunday	8:00 AM	11:00 AM	3.50	14	14
Monday	8:00 AM	1:00 PM	5.00	20	20
Tuesday	8:00 AM	10:00 AM	2.00	8	4
Wednesday	8:00 AM	9:00 AM	1.00	4	0
Total			22	88	80

This provider went over the POS by 2 hours (8 units). The system will reduce the Tuesday claim from 8 to 4 units, and will reduce the Wednesday claim from 4 to 0 units. MDH will not pay Provider A for these 8 units above the approved POS hours. The only time Staff Providers may exceed the POS is if a participant requires additional hours due to an emergency, the additional hours must be approved by the Participant’s Supports Planner.

3.2 DPAS Billing:

Currently, authorized daily rate claims will be paid outside of the ISAS system. Approved daily rate services will have an ISAS status of "**Pending**" with an exception type of "**Daily Services**." Payment will be issued for all services with only "Daily Services" exception pending reason. No further action is needed by the agency.

Daily Rate claims will not appear in ISAS/LTSSMaryland. Paid daily rate claims will still appear on your agency's remittance advice. Please review your remittance advice for a list of full payment. The procedure code will be W5532 or W5533. To gain access to eMedicaid and the remittance advice, please visit www.emdhealthchoice.org

3.3 Direct Deposit

If an agency needs to register for direct deposit billing, they should download the gadx-10 form by going to: http://comptroller.marylandtaxes.com/Vendor_Services/Accounting_Information/Electronic_Funds_Transfer/

Agencies must only register for direct deposit if they have never received payments via direct deposit for any MDH claims in the past. To update Direct Deposit information, contact the comptroller's office: **1-800-638-2937 or 410-260-7980**

3.4 Billing Procedure Codes

(CO/CFC) Community Options / Community First Choice

- W5519: Agency Personal Care Provider
- W5521: Personal Assistance -Shared Attendant

(CPAS) Community Personal Assistance Services

- W5527: Agency Personal Care Provider
- W5528: Personal Assistance – Shared Attendant

(DPAS): Daily Personal Assistance services

- W5532- CO/CFC Daily Personal Assistance
- W5533- CO/CFC Daily Personal Assistance- Shared Attendant
- W5534- CPAS Daily Personal Assistance
- W5535- CPAS Daily Personal Assistance- Shared Attendant

(ICS) Increased Community Service Program

- W5519 – Personal Care Services

The following are no longer billed in ISAS but can still be found on old Plans of Services

(CO/CFC) Community Options / Community First Choice

- W5520: Independent Personal Care Provider

MAPC

- 45530: Agency Personal Care Provider
- W5531: Independent Personal Care provider
- W5532: Personal Assistance – Shared Attendant

Living at Home Waiver (Merged – with CO)

- W4001: Independent Personal Care Provider
- W4000: Agency Personal Care Provider

Waiver for Older Adults (Merged – with CO)

- W0200: Independent Personal Care Provider (no meds)
- W0201: Independent Personal Care Provider (with meds)
- W0202: Agency Personal Care Provider (no meds)
- W0203: Agency Personal Care Providers (with meds)

3.5 Overnight Processing

Before a service is closed and a claim can be generated (Section 3.5 Claims) the system will run a series of checks to make sure the participant, Agency Provider and service times are eligible for payment through ISAS. These checks are collectively called “overnight processing.” **The checks are outlined below:**

Eligibility checks:

1. Is Participant eligible for services?
2. Is the Agency Provider eligible to provide services?

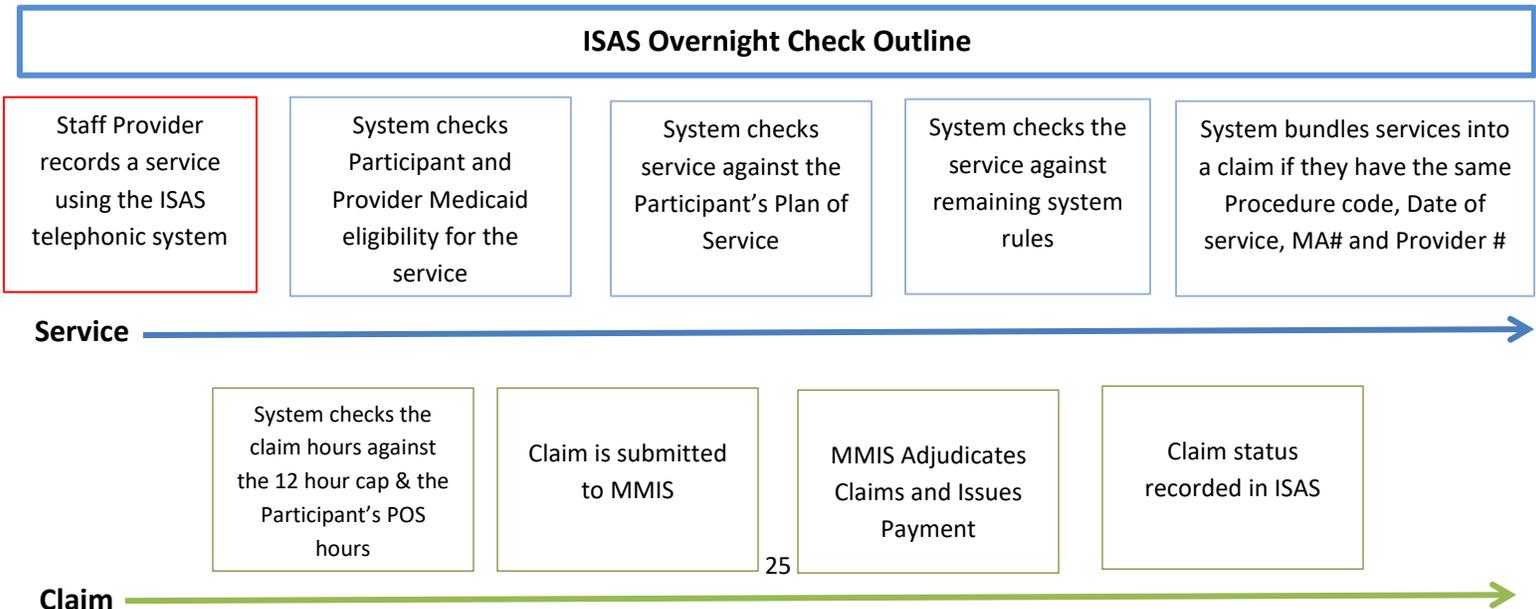
Participant POS Checks:

1. If the Participant is eligible the system will then check the Participants LTSS profile to verify the following
 - a. Does the Participant have an active and approved Plan of Service for this date of service?
 - b. Is this the provider number associated with this service on the Participant’s POS?
 - c. Is the service type provided (Shared Attendant or Personal Assistance) listed on the Participants POS?

Service checks:

2. If service passed all of the POS checks the system will check the service for the following.
 - a. Does the service have both a clock-in and a clock-out?
 - b. Is the service overlapping with another Staff Provider’s service for this Participant for the same time?
 - c. Is the service overlapping with the same Staff Provider’s service for another Participant for the same time?
 - d. Did the Staff Provider clock in using the correct service option according to the POS?
3. If the system checks do not generate any exceptions, a claim will be generated. At this point the system will perform one last check to make sure the service hours do not exceed the weekly allowed POS hours for this Participant or the 12 hour per day cap (if your participant needs more than 12 hours of care per day, they will be eligible for the daily service rate).
 - a. Is the claim less than 12 hours in duration?
 - b. If the service hours partially exceeded the POS allowed hours, the claim will be reduced to be within the POS hours for the week and partial payment will be issued.
 - c. If weekly POS hours have been reached prior to the claim being checked the claim will be rejected and no payment will be issued.
4. If no exceptions are triggered for the service and the services are within the POS allowed hours, the system will submit the claim for payment.

ISAS Overnight Check Outline



3. 6 ISAS Processing and Claim Payment

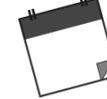
2. Approved to Begin Services

- ✓ The agency is listed on the Participant’s approved and active Plan of Service.
- ✓ The Participant’s Supports Planner sends the agency the Service Notification Form to confirm that the agency should begin services and use ISAS.
- ✓ The Agency calls the EVS system to verify the participant’s eligibility. ([See COMAR 10.09.36.03.11b](#))



3. Determine Staff Schedule

The agency determines the staff provider’s schedule to meet the needs of the participant and to fit within the pre-authorized amount of hours listed in the participant’s plan of service.

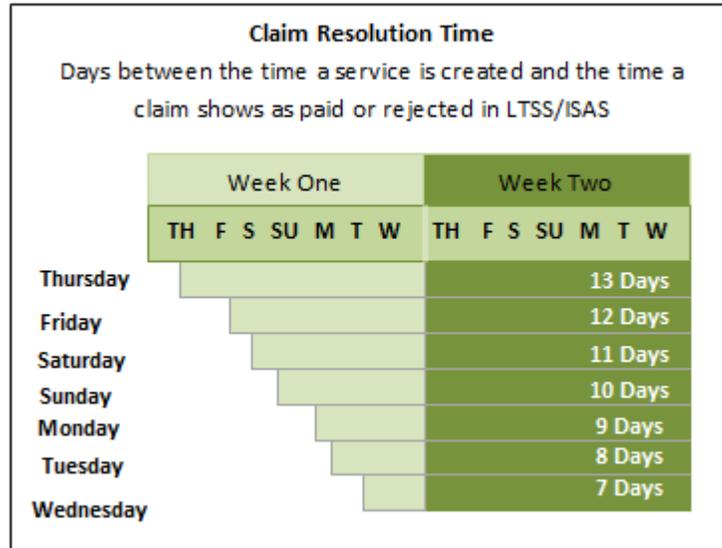


1. Activate ISAS Account
Agency Administrators are responsible for registering for an ISAS account and setting up staff profiles.



7. LAST STEP: Payment

Claims are paid or rejected by MMIS. Agency administrators determine the pay schedules and amounts for their staff.



4. Clock-In and Out

Staff Provider uses ISAS to clock-in and out at the start and end of every shift. The system pairs the clock-in and out to form a service.



6. Claims Submission

Closed services or shifts without errors are bundled into a claim. Claims are then “Submitted to MMIS” for payment.

**Refer to “Claim Resolution Time” Chart



5. Exceptions Check

The system performs an overnight verification process to check services for errors, called “exceptions.” Services with “pending” exceptions must be manually resolved and will be reviewed by MDH.



4.1 Exception Types

An exception is a circumstance that prevents a claim from generating. The service will be in a pending status until the issue is resolved. There are many reasons this could occur. Some issues need to be resolved by MDH, while others can be resolved by the agency. The list below describes every exception type and how it can be resolved.

Pending Daily Service - Approved daily services will have an ISAS status of "Pending" with an exception type of "Daily Services". Payment will be issued for all services with only "Daily Services" exception pending reason. This will be reviewed and processed by MDH. No further action is needed by the agency if the service is "Pending" with a reason of "Daily Services"

Agency Providers are responsible for preventing and resolving these types of issues.

- **Missing Clock In** – A Staff Provider fails to use the ISAS telephonic system to record the start of a service.
- **Missing Clock Out** – A Staff Provider fails to use the ISAS telephonic system to record the end of a service.
- **Overlap service found for the same provider**- This occurs when the Staff Provider is clocked in for more than one Participant at the same time.

Agency Providers should contact the Participant's Supports Planner about these issues.

- **No Active POS Found for Client**– The Participant does not have an active Plan of Service.
- **Provider Not on Client's POS** – The Agency Provider is not listed on the Participants active Plan of Service.
- **Client POS has no ISAS Service**- "Personal Assistant Services" or "Shared Attendant Services" is not listed on the Participants active Plan of Service.
- **Client Ineligible** – The Participant is not Medicaid and/or waiver eligible.
- **Client not enrolled in a Waiver Program**: The Participant is not listed in one of the waiver programs covered by ISAS.

Providers may contact mdh.isashelp@maryland.gov regarding these issues

- **Shared Attendant Service not found in POS** – This occurs when "Shared Attendant Services" is not listed on the Participants active POS. (Be sure your staff clocked in using the correct service type.)
- **No matching share attendant in Plan of Service** – This occurs when the Staff Provider is clocked in using "Shared Attendant Services" but the Plan of service only lists Personal Assistant Services.
- **Overlap service found for a different provider**- This occurs when two Provider Agencies are clocked in for more than one Participant at the same time.
- **Overlap service found for the same Client** - This occurs when two or more Staff Providers were clocked in for the same Participant at the same time.

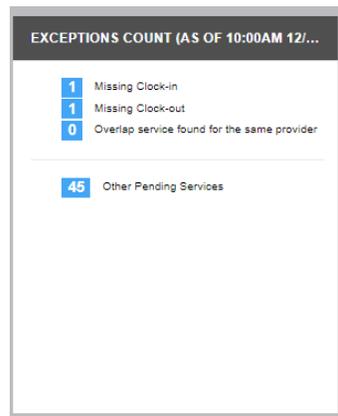
4.2 How to View Exceptions

Agency Administrators can view pending services by searching the system for exceptions. There are two ways to search for exceptions in Provider Portal.

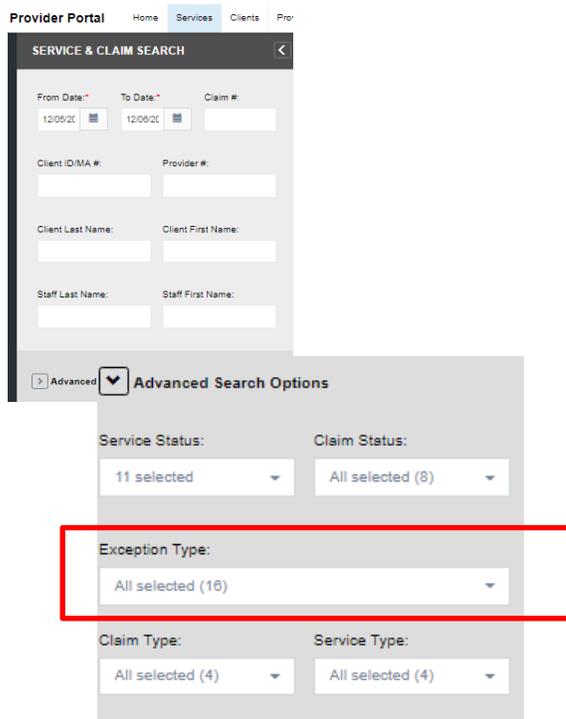
1. Exceptions can be viewed by accessing the Home page and viewing the Exceptions count in the upper right corner.

In the upper right section you will see the exceptions count for your agency. New exceptions are updated once daily during our overnight processes. You will see the total exception count for each type of exceptions. Click on the blue number to be taken to a list of the exceptions that need resolution.

The total number of exceptions will decrease as they are resolved. The top three exceptions can be resolved by agencies (Missing clock-in, Missing Clock-out, Overlap found for the same provider) and the bottom section will be resolved by MDH.



2. Exceptions may also be viewed by searching via the Services tab and entering search parameters for the exception.



Exception Type

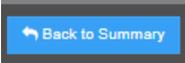
- No Pending Reason
- Client Ineligible
- Client Not Enrolled in Waiver Program
- Client POS has no ISAS Service
- Daily Service
- Mismatch Service
- Missing Clock-in
- Missing clock-out
- No Active POS found for Client
- No matching share attendant in POS
- Over 14 hour shift
- Overlap Service found for same staff - multiple agencies
- Overlap Service found for the same client
- Overlap service found for the same provider
- Provider not on Client POS
- Share attendant service not found in POS

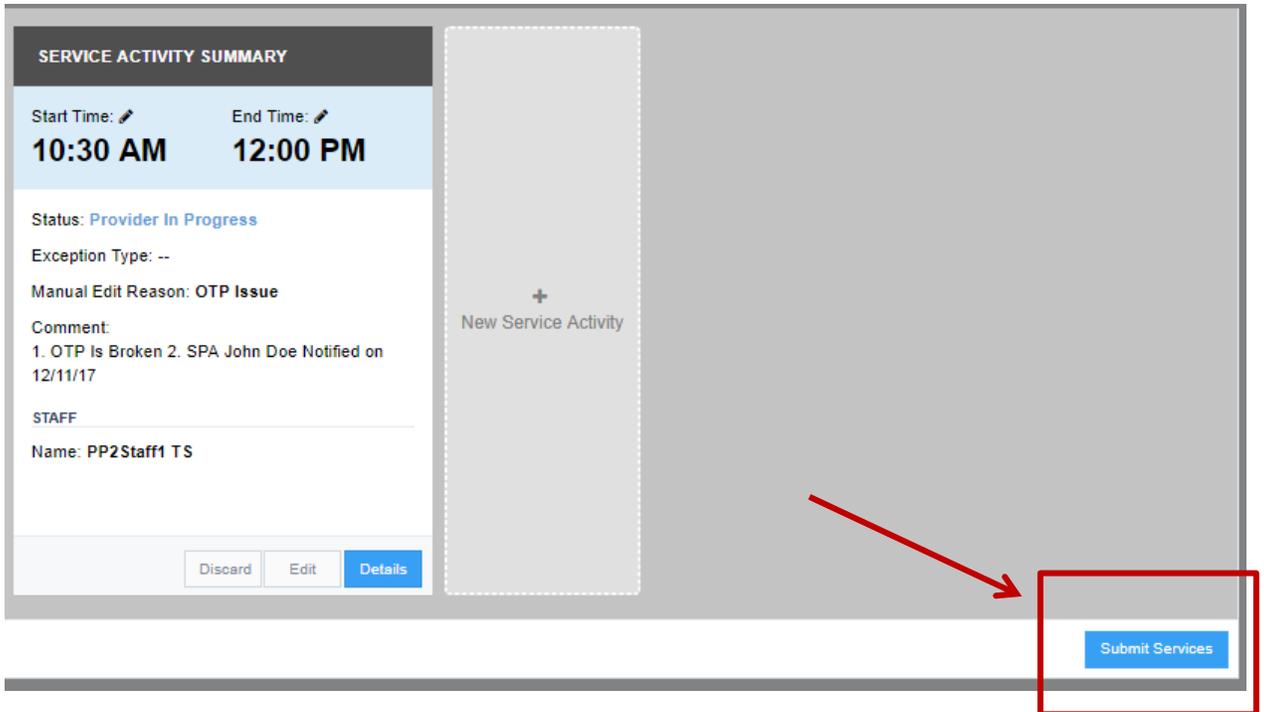
- Once the overlapping service is located, click the details button to open the service. Then click the **blue** "View Overlap Service" link to view the overlapping information. This will open the connected overlapping service in a new tab, so that the two services can be reviewed side by side.

The screenshot shows the '10/08/2017 SERVICE DATE DETAILS' page. The top navigation bar includes 'Provider Portal', 'Home', 'Services', 'Clients', 'Providers', 'Reports', 'Help', and 'Feedback'. The user is logged in as 'PP2Staff1 TS (PP Provider2)'. The page is divided into sections: 'CLAIM DETAILS', 'CLAIM SUMMARY', 'CLIENT INFORMATION', and 'PROVIDER INFORMATION'. The 'SERVICE' section shows a status of 'Pending Provider' and a 'Back to Summary' button. An 'Exception Type(s)' box is overlaid on the service details, containing the message 'Overlap service found for the same provider' and a blue link 'View Overlap Service'. A red arrow points to this link.

- Located on the bottom right hand corner, is the option to "Discard" the service or "Edit" the service time. This will appear in both tabs.
- If the "Edit" button is selected, the service will then open for editing. A reason for the manual edit will need to be submitted. The reasoning option will follow the Service Modification (SM) policy.

The screenshot shows the 'SERVICE' editing interface with a status of 'Provider In Progress'. The start time is 10:30 AM and the end time is 12:00 PM. The total time is 2 Hr (8 units). The 'Reason for Manual Edit' dropdown is set to 'OTP Issue'. The 'Comment' field contains two entries: '1. OTR Is Broken' and '2. SPA John Doe Notified on 12/11/17'. A red arrow points to the comment field. At the bottom right, a 'Cancel' and 'Save' button is highlighted with a red box.

- Once the service has been edited to the accurate time and the correct reasoning has been entered, click the "Save" button in the lower right hand corner.
- Then click the "Back to Summary" button on the right hand side. 
- Located on the bottom right hand of the summary page is a "submit" button, this button **MUST** be selected in order to submit the service for ISAS review.

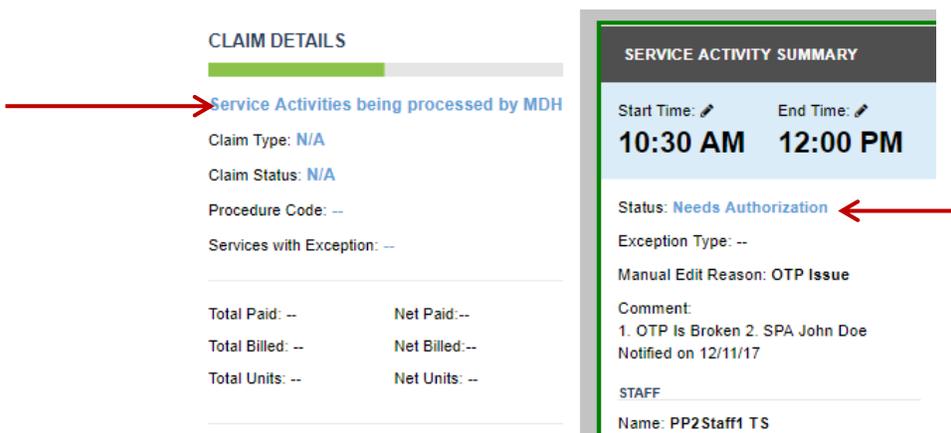


- Once the service is submitted, this alert will appear:

SUBMIT ALL SERVICE ACTIVITIES

Are you sure you want to submit all Service Activities?
You will not be able to make any modifications to the submitted services once MDH begins review.

- If yes is selected the service status will then update.



5.1 Service Modification (SM)

A Service Modification occurs any time a service needs to be modified/ changed. A modification can be submitted as a new service, as an edit to an existing service, or as an edit to a service with an associated claim. All SM's must reflect the **EXACT** date, time and reason for the modification. All modifications submitted that do not reflect accurate information can be considered fraudulent billing.

5.2 Different Types of Service Modifications (SM)

Missing Time Request (MTR) – If a staff provider is unable to Clock in **AND/OR** out for a service an agency can submit a MTR.

Adjustment: If the service has an associated closed claim for that date but the agency finds an error, the agency admin can submit an adjustment. Keep in mind the adjustment process has changed from the old system. Agencies can now submit adjustments by making edits to the service, not the associated claim.

5.3 Service Modification (SM) Policies

MDH policy allows each Staff Provider to have four unexcused SMs for the month; both MTRs and adjustments.

- Missing Clock-In = 1 Request
- Missing Clock-Out = 1 Request
- Missing Clock-In AND Missing Clock-Out (entire service) = 2 Requests

5.4 Missing Time Request (MTR) Monthly Deadline

Missing Time Requests are due two (2) business days after the end of the month in which the service was performed, unless MDH ISAS sends out guidance stating otherwise. All notifications can be found on the home page of ISAS.

5.5 Adjustment Deadline

Adjustments can be submitted up to 365 days after the initial submission of the claim. However, when submitting an adjustment, please keep in mind that the ISAS team must manually review your submission before submitting it for payment. Therefore, please submit 14 business days prior to the deadline to ensure your request is resolved before the deadline.

5.6 Service Modification Submission Process

ISAS will only review SMs that are submitted with specific information about the details of the request.

Submissions without this information will not be reviewed. Before submitting SMs (**Missing Time Requests AND Adjustments**), the Agency Administrator should make sure to communicate with the Staff Provider who performed the service, and when appropriate, the Participant's Supports Planner. Once the Administrator has the **correct** and **exact** reasoning for the missed time, they should complete the following:

1. Review the SM Category Reference sheet and determine the best main category and sub-category for the SM.
2. Add required additional information. **Note:** If no information is required, type N/A.
3. When submitting the SM, be sure to include the following:
 - Main Category (Select using drop-down menu)
 - Sub-category (Must be exact text used in the guide)
 - Additional required information (open text - administrator can write whatever they feel necessary)

The screenshot shows a web form titled "SERVICE ACTIVITY SUMMARY". The form includes fields for "Status" (MDH In Progress), "Exception Type", "Manual Edit Reasons", "Service Call #", "Comment", "STAFF Name", and "Your comment here". A dropdown menu is open for "Manual Edit Reasons", listing various categories such as "Forgotten Clock In/Out", "Staff Busy with Participant", "Participant Phone Problems", "ISAS Call Incomplete", "Staff in Community with Participant", "OTP Issue", "Correcting Staff Clock In/Out Error", "Emergency Situation", "ISAS Call-in System Outage", "New or Substitute Staff", and "Other". A red arrow points from the text in step 3 of the list to the dropdown menu.

5.7 Service Modification (SM) Category Guide

Step 1: Main Category Select a manual edit reason from the drop down menu in ISAS	Step 2: Sub Category Choose 1 description that best fits the request and write in	Step 3: Additional information Write in additional required information	Example This is how the TMR should be written
Forgotten Clock in/out	<ul style="list-style-type: none"> Additional information not required (NA) 	<ul style="list-style-type: none"> Additional information not required (NA) 	Forgotten clock in/out 1. NA 2. NA
Staff Busy with Participant	<ul style="list-style-type: none"> Non-emergency 	<ul style="list-style-type: none"> Additional information not required (NA) 	Staff Busy with Participant 1. Non-emergency 2. NA
Participant Phone Problems	<ul style="list-style-type: none"> Broken Out of minutes No receptions 	<ul style="list-style-type: none"> Date SPA was notified Name of SPA contacted Other important information 	Participant Phone Problems 1. Broken 2. SPA John Doe notified 11/13/17
ISAS Call Incomplete	<ul style="list-style-type: none"> Entered wrong information Hung-up before the call was recorded 	<ul style="list-style-type: none"> Additional information not required (NA) 	ISAS Call Incomplete 1. Entered wrong information 2. NA
OTP Issue	<ul style="list-style-type: none"> Waiting on a new OTP OTP is broken OTP is missing/lost OTP is not displaying correct numbers 	<ul style="list-style-type: none"> Date SPA was notified Name of SPA contacted Other important information 	OTP Issue 1. OTP is Broken 2. SPA John Doe notified 11/13/17
Correcting Staff Clock in/out Error	<ul style="list-style-type: none"> Selected wrong service Clocked in/out twice The system confirmed the wrong time Accidentally clocked out at the wrong time Provider should not have billed for services – returning funds 	<ul style="list-style-type: none"> Additional information not required (NA) unless you are returning funds, please describe the situation 	Correcting staff clock out error 1. Selected wrong service 2. NA
Emergency Situation	<ul style="list-style-type: none"> Could not clock in/out-went with Participant to emergency room Provided additional hours exceeding the POS- approved by SPA 	<ul style="list-style-type: none"> Date SPA was notified/hours were approved Name of SPA contacted Other important info if available 	Emergency Situation 1. The Participant had to go to the emergency room 2. SPA John Doe notified 11/13/17
ISAS Call-in System Outage Note: The ISAS team will announce all outages	<ul style="list-style-type: none"> Additional information not required (NA) 	<ul style="list-style-type: none"> Additional information not required (NA) 	ISAS Call in System Outage 1. NA 2. NA
New or Substitute Staff	<ul style="list-style-type: none"> Staff did not understand how to use the ISAS call in system Staff did not have the necessary information to clock in/out 	<ul style="list-style-type: none"> Additional information not required (NA) 	New or Substitute Staff 1. Staff did not understand how to use the ISAS call in system 2. NA
Other	A unique situation that is not covered in the other categories *Note: All MTR's submitted under this category will require more research and will be delayed	<ul style="list-style-type: none"> Briefly explain the situation 	Other 1. Describe the situation

5.8 Service Date Detail View

The service date details page will display all information regarding services and claims for specific clients and dates. Agency administrators can enter Service Modifications on the service date details page.

Service Date:
Date for all services listed on this page

New Service Activity:
This tile allows you to add a new service to this claim.

Service tiles:
Represents individual services that are combined to make a single claim for the date of service.

Claim Tile:
Contains information for the claim that is made up of service tiles to the right. Claims are bundles of services that share the same service date, provider number, MA number and service type.

Note: the "Claim ID/ICN" matches the MMIS claim tracking number. Agencies can see the ICN number in their eMedicaid Remittance Advance

5.9 Service vs. Claim

Service:

A service is when one clock-in and one clock-out pair to make a Service

i.e. Jane clocked in at 7am, and clocked out at 8am. Her hour-long shift is called a “service”

Claim:

One or more services that share the following information are bundled together during the nightly process to make a claim:

- Date of Service
- Provider Number
- Client MA Number
- Service Type (i.e. personal assistance)



5.10 Service and Claim Search:

You can locate a service or claim in the “Service and Claim Search” menu located in the Services tab:

You can search by:

- Claim #
- Client ID/MA
- Provider #
- Client last name
- Client first name
- Staff last name
- Staff first name.

Provider Portal Home Services Clients Pro

SERVICE & CLAIM SEARCH

From Date: 12/05/20 To Date: 12/08/20 Claim #:

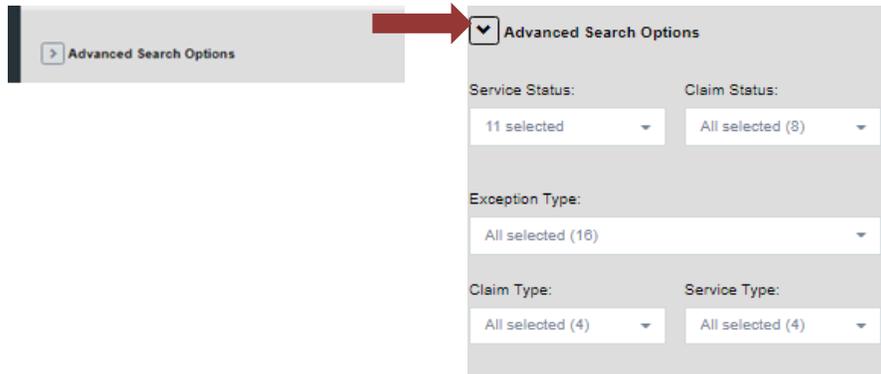
Client ID/MA #: Provider #:

Client Last Name: Client First Name:

Staff Last Name: Staff First Name:

Advanced Search

To access Advanced Search click the > button and it will open new fields for entry. Advanced Search Fields include:



Service Status:

- New
- Pending
- Ready
- Closed
- Discarded
- Needs Authorizations
- Not Authorized
- Pending Provider
- Provider in Progress
- MDH In Progress
- MDH Reviewed
- Pending MDH
- By default Discarded is not selected.

Service Type

- Personal Assistance
- Shared Attendant
- Daily Personal Assistance Service
- Daily Shared Attendant

Claim Type

- Original
- Adjustment
- Void
- No Claim

Claims status:

- None
- Submitted to MMIS
- Paid
- Rejected
- Disapproved by MDH Administrator
- Open
- Pending

Exception Status

- No Pending Reason
- Client Ineligible
- Client not Enrolled in Waiver Program
- Client POS has no ISAS Service
- Daily Service
- Mismatch Service
- Missing Clock-in
- Missing Clock-out
- No Active POS Found for Client
- No matching share attendant in POS
- Over 14 hours shift
- Overlap service found for the same staff-multiple agencies
- Overlap service found for the same client
- Overlap service found for the same provider
- Provider not on Client POS
- Share Attendant service Not found in POS

5.11 When to submit an MTR or Adjustment

The Adjustment and Missing Time Request policies are solely based on whether there is a CLAIM or NO CLAIM for the specific date.

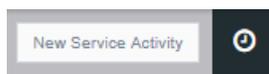
- If a claim exists for the specific date – Submit an adjustment
- If a claim does NOT exist for the specific date – Submit a MTR

Does a claim exist on this date?	Service	Policy	Due date	Penalty	Comment
CLAIM	Add New Service	Adjustment	365 Days	4 Total Points	SM Category Guide
CLAIM	Edit Existing Service (Increase or Decrease)	Adjustment	365 Days	4 total Points	SM Category Guide
CLAIM	Void	Adjustment	365 Days		SM Category Guide
NO CLAIM	Add New Service	MTR	2 Days after the end of month in which the service was performed	4 total Points	SM Category Guide
NO CLAIM	Edit Existing Service (Increase or Decrease)	MTR	2 Days after the end of month in which the service was performed	4 total Points	SM Category Guide

5.12 Missing Time Request (MTR) Submission Process

ISAS will only review MTRs that are submitted with specific information about the details of the MTR. Submissions without this information will not be reviewed. Before submitting MTRs, the Agency Administrator should make sure to communicate with the Staff Provider and when appropriate, the Participant's Supports Planner. Once the Administrator has the correct and exact reasoning for the missed time, they should complete the following:

1. In the service tab – click on the clock icon located in the upper right hand corner.



2. Enter the required information to ensure there is not an existing service for the specific time/date or a closed claim. If an overlapping service or claim does not exist for this date you will receive the following message:

3. Enter all service information:

ISAS will only review MTRs that are submitted with specific information about the details of the MTR. Submissions without this information will not be reviewed. Before submitting MTRs, the Agency Administrator should make sure to communicate with the Staff Provider and when appropriate, the Participant's Supports Planner. Once the Administrator has the correct and exact reasoning for the missed time, they should complete the following:

- A. Review the SM Category guide (located on page 33) and determine the best main category. Then select that category from the "Manual Entry Reason" drop down menu.

If the clock out time is after midnight, you will need to select the "Next Day Clock-out" box

B. Enter the "Service Call #" This is the phone number that the staff attempted to call in from. If the staff did not call into the ISAS system, then a phone number does not need to be entered.

C. Review the SM Category Guide and determine the best sub-category for your MTR. Then write it into the comment box.

NOTE: The sub-category must be selected from the list of the main category that was selected

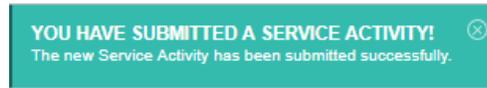
The screenshot shows the 'SERVICE INFORMATION' form. The 'Comment' field contains the text 'Your comment here..'. A red arrow points from this field to a separate box on the right containing the text '1. OTP Broken'. Other fields include Start Time (5:45 AM), End Time (1:45 PM), Manual Entry Reason, Service Call#, Provider Name (PP1 Location2), Client Name (TestClient0001 TS), Staff Name, and Staff Phone. Buttons for Reset, Cancel, and Submit are at the bottom.

D. Write in the comment box all additional required information.

Note: In some cases, it is required you notify the Participant's SPA, you MUST notify them in order for ISAS to resolve the request.

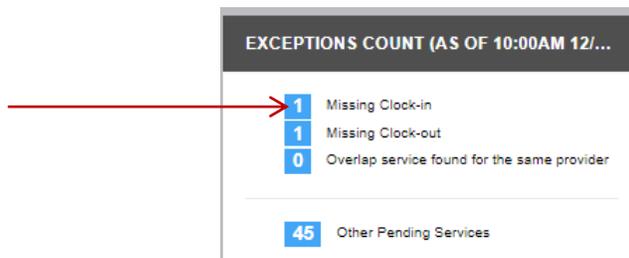
The screenshot shows the 'SERVICE INFORMATION' form. The 'Comment' field contains the text 'Your comment here..'. A blue arrow points from this field to a separate box on the right containing the text '1. OTP Broken' and '2. SPA John Doe Notified on 12/6/17'. Other fields and buttons are identical to the previous screenshot.

2. Once the information is accurately entered, click the submit button. If the service was submitted, this notification will pop up in the upper right hand corner:



5.13 Submitting a MTR: Partial Service

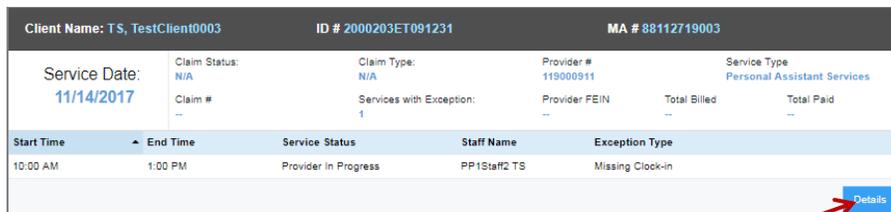
1. Go to the home page and review the Exceptions Count in the upper right hand corner. This area will notify the agency of all missing times and overlaps services found for the same provider that need to be resolved. Select either Missing clock in or Missing clock out by clicking on the blue number count:



2. All open missing clock ins (outs) will appear. Click on the service to open it.



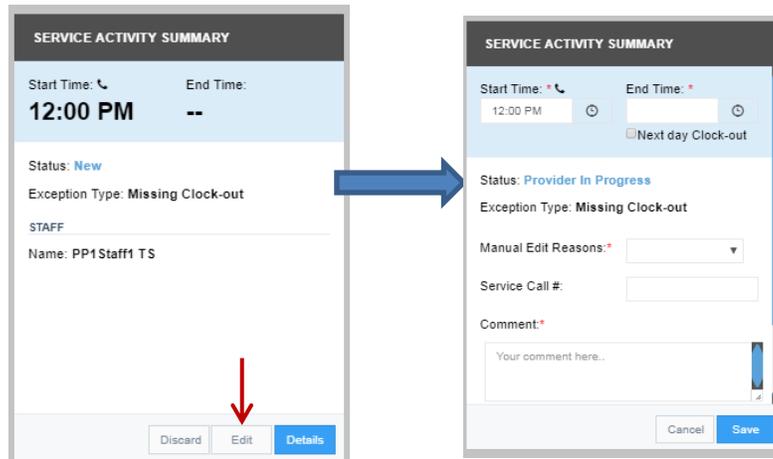
3. Click on "Details" to open the service date details.



Client Name: TS, TestClient0003		ID # 2000203ET091231		MA # 88112719003	
Service Date:	Claim Status:	Claim Type:	Provider #	Service Type	
11/14/2017	N/A	N/A	119000911	Personal Assistant Services	
Claim #	Services with Exception:	Provider FEIN	Total Billed	Total Paid	
--	1	--	--	--	
Start Time	End Time	Service Status	Staff Name	Exception Type	
10:00 AM	1:00 PM	Provider In Progress	PP1Sta#2 TS	Missing Clock-in	

A red arrow points to a "Details" button located at the bottom right of the table.

4. Select the service that needs to be edited and click on "Edit"

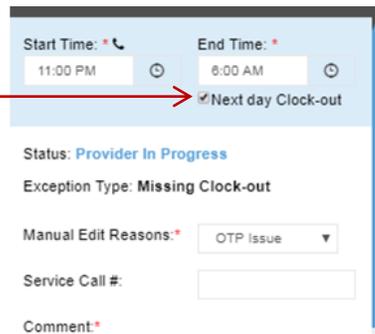


5. Enter all service information:

ISAS will only review MTRs that are submitted with specific information about the details of the MTR. Submissions without this information will not be reviewed. Before submitting MTRs, the Agency Administrator should make sure to communicate with the Staff Provider and when appropriate, the Participant's Supports Planner. Once the Administrator has the correct and exact reasoning for the missed time, they should complete the following:

- A. Review the SM Category guide (located on page __) and determine the best main category. Then select that category from the "Manual Entry Reason" drop down menu.

If the clock out time is after midnight, you will need to select the "Next Day Clock-out" box



- B. Enter the "Service Call #" This is the phone number that the staff attempted to call in from. If the staff did not call into the ISAS system, then a phone number does not need to be entered.
- C. Review the SM Category Guide and determine the best sub-category for your MTR. Then write it into the comment box.

NOTE: The sub-category must be selected from the list of the main category that was

The screenshot shows the 'SERVICE ACTIVITY SUMMARY' form. The 'Start Time' is 11:00 PM and the 'End Time' is 6:00 AM. The 'Next day Clock-out' checkbox is checked. The status is 'Provider In Progress' and the exception type is 'Missing Clock-out'. The 'Manual Edit Reasons' dropdown is set to 'OTP Issue'. The 'Service Call #' field is empty. The 'Comment' field contains the text 'Your comment here..'. A red arrow points from the comment field to a separate box on the right.

1. OTP Broken

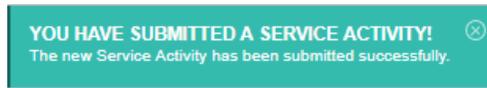
- D. Write in the comment box all additional required information.

Note: In some cases, it is required you notify the Participant's SPA, you MUST notify them in order for ISAS to resolve the request

The screenshot shows the 'SERVICE ACTIVITY SUMMARY' form with the same fields as the previous image. The 'Comment' field now contains two lines of text: '1. ~~OTP~~ Broken' and '2. SPA John Doe notified on 12/6/17'. A red arrow points from the comment field to a separate box on the right.

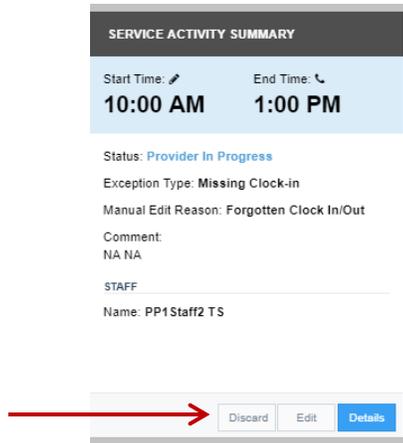
1. ~~OTP~~ Broken
2. SPA John Doe notified on 12/6/17

6. Once the information is accurately entered, click the submit button. If the service was submitted, this notification will pop up in the upper right hand corner:



5.14 How to Discard a Service

1. Locate the service either through the "Exceptions Count" on the Home page or in the "Service and Claim Search" located within the Services tab
2. Once the service is found click the "Discard" button located on the bottom of the tile



3. Enter comment explaining why the service is being discarded.

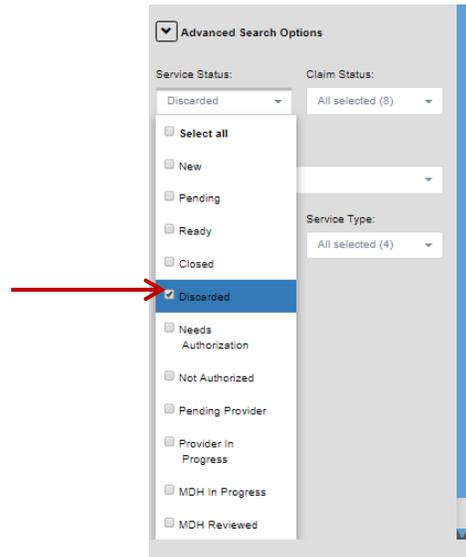


4. Select "Discard" button.

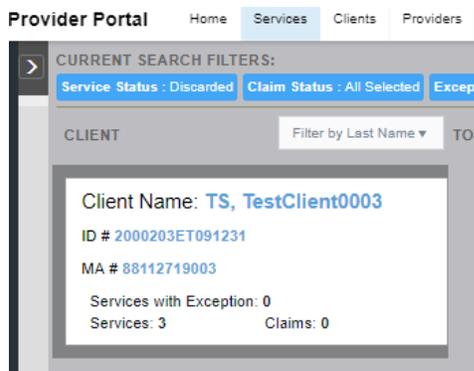
5.15 Viewing Discarded Services

Viewing discarded services is a new option within the Provider Portal System that was not allowed within the old system. To view a discarded service:

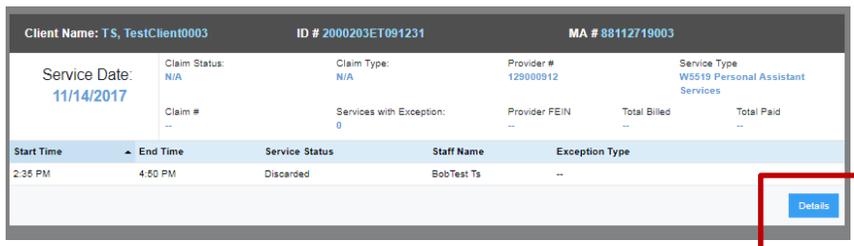
1. Within “Services” tab select the date range of the discard in the “Service and Claim Search” , then within the “Advance Search Options” select “Discarded”



2. Click on the correct Participant



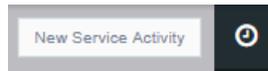
3. Select “details”



- The service details page will display all services including the “discarded” services

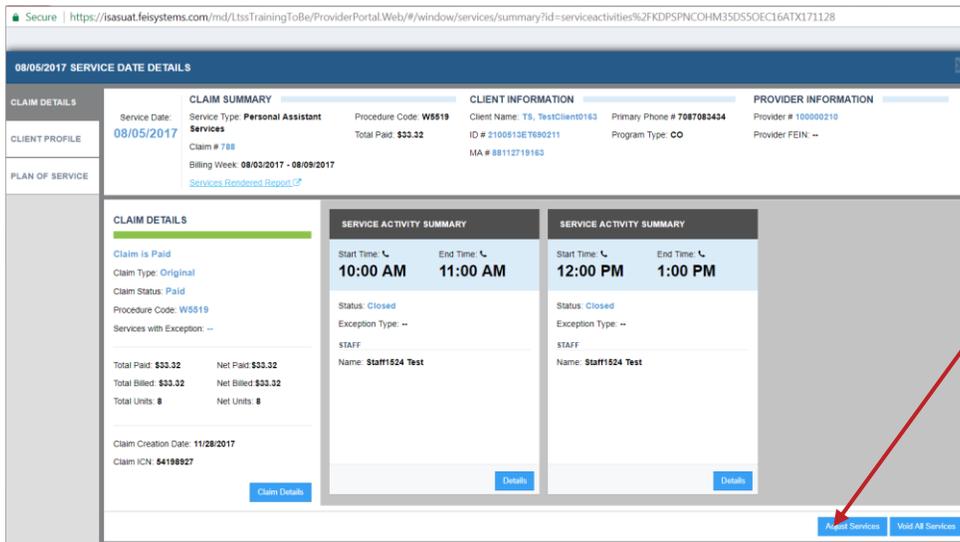
5.16 Adjustment Submission Process

- In the service tab – click on the clock icon located in the upper right hand corner.



- Enter the required information, if a claim exists for that specific date, this message will appear:

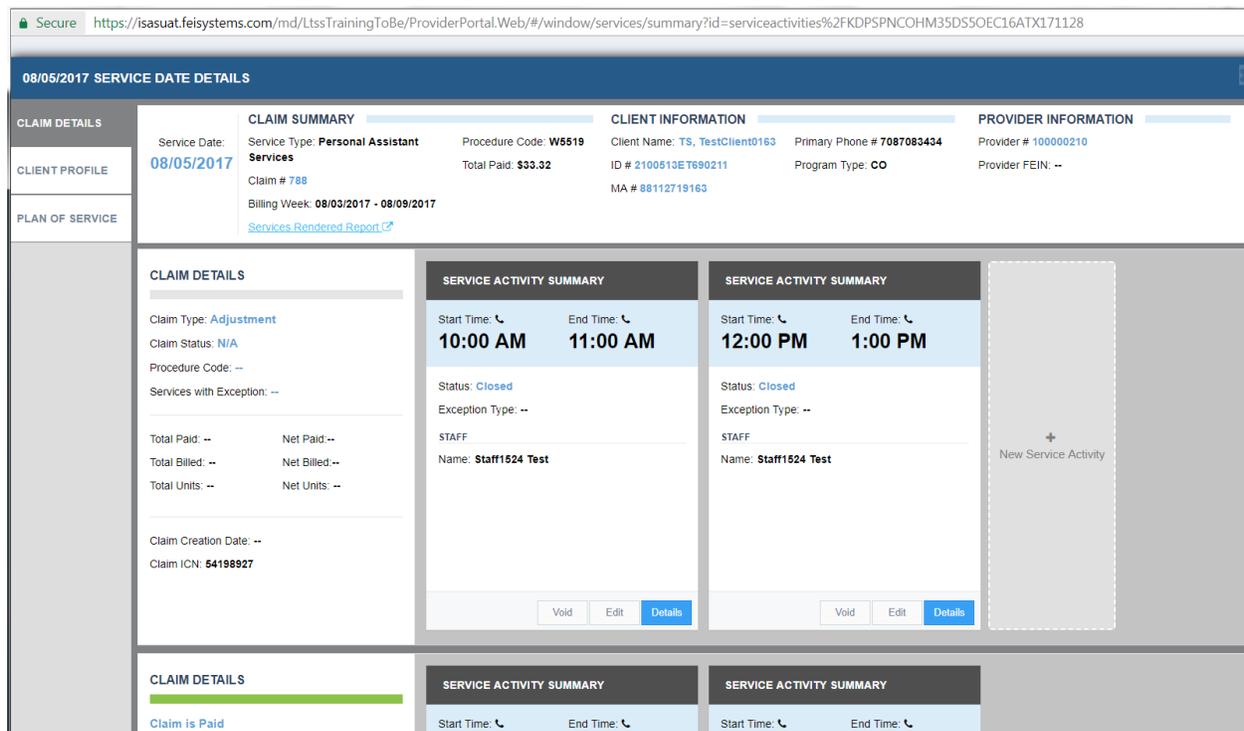
3. Click on the “Claim Detail Page” link a tile will then appear with the claim details:



4. To begin adjusting the closed service, you should select “Adjust Services” in the lower right hand corner

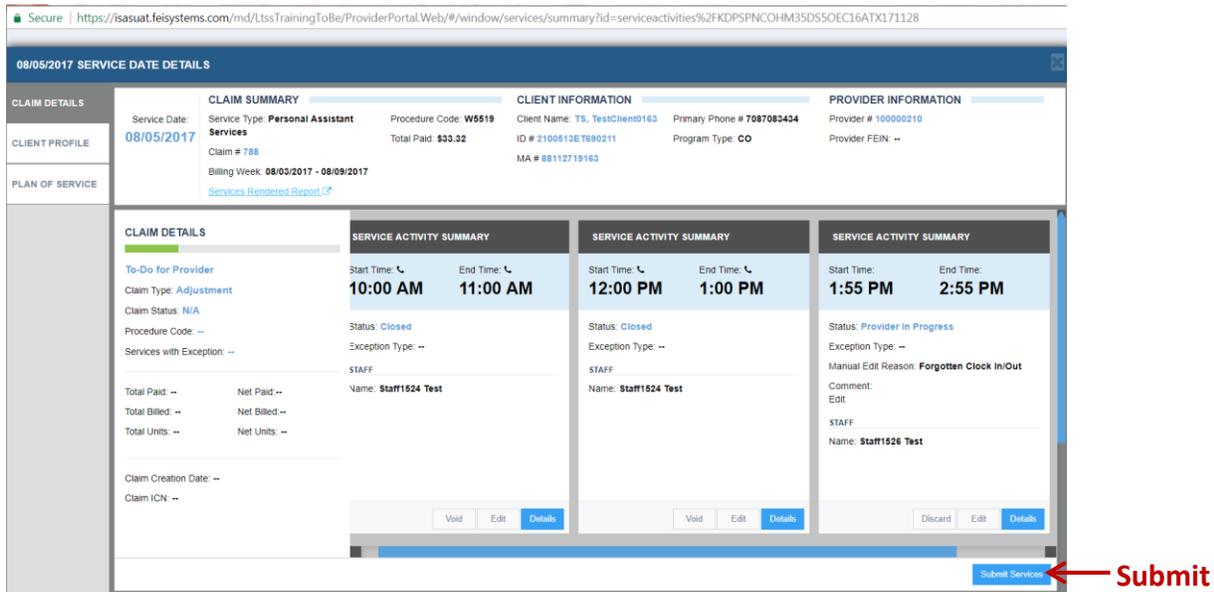
A new claim row will now be created

- Select “New Service Activity” to enter a new full service
- Select “Edit” in an existing service tile to edit the service



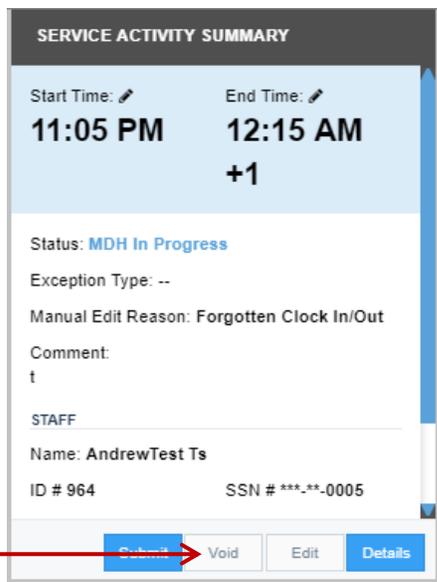
6. The old claim will move to the row below.

7. You MUST click the “submit Service” button after you are complete. MDH cannot review the services until you have submitted the service. Save is NOT the same as SUBMIT.

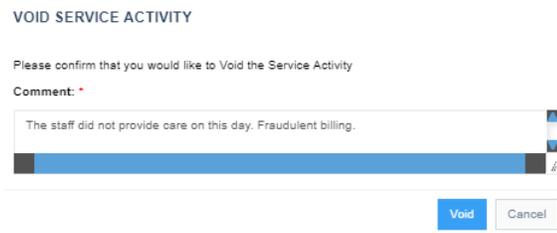


5.17 Voiding a Claim

1. Locate the claim through the “Service and Claim Search” menu located within the Services tab
2. Once the claim is found click the “Void” button located on the bottom of the tile

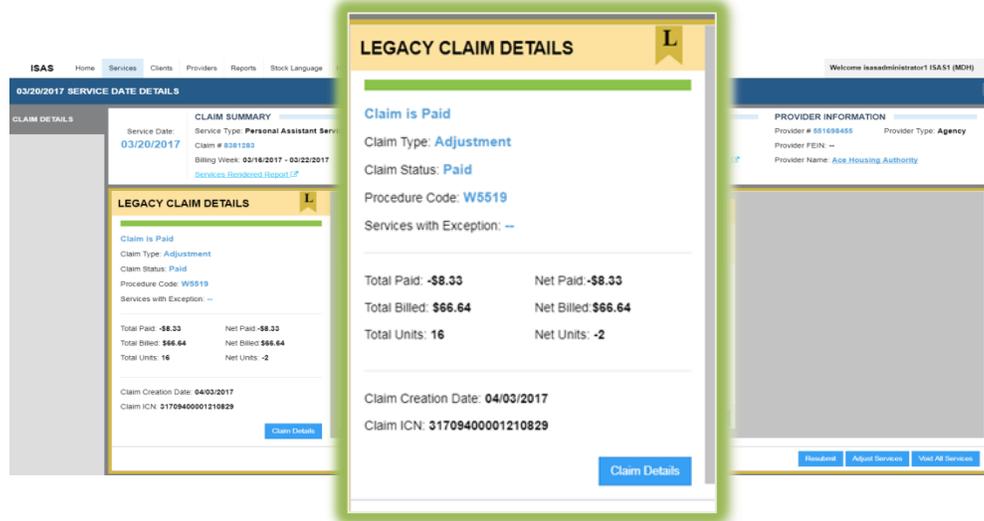


3. Enter comment explaining why the claim is being voided.



5.18 Legacy Claims:

- A legacy claim is a claim created in the old system before the new Provider Portal system.
- The Legacy label will apply to all claims, exceptions and services created **prior to December 16 2017**
- Legacy claims will be labeled with a yellow bar
- If a legacy claim is edited and processed by MDH, the legacy bar will disappear.
- Legacy Adjustment claims in the old system do not have the same level of information as Provider Portal; for example, legacy adjustments do not have times or staff names. Because of this difference, legacy adjustments will need to be approached differently.



- Because the old system did not track adjustment service time or staff information, this information will not appear on any adjustments in the provider portal that were adjusted within the old system.
- When adjusting a legacy claim you must ensure all services for that specific date accurately display the correct hours the staff provider(s) worked for each service. The service hours and staff names of previously adjusted claims can be found within the legacy adjustment comments originally entered by the provider administrator:

Clearly state reason for adjustment.

Comment: *

1. Caregiver: Joe Wright
 2. 5/15/2017 8:02 AM - 12:00 PM
 3. Increasing Units
 4. 32 units
 5. Caregiver actually clocked out at 12:00 PM but was incorrectly submitted as 10:00 AM.

179 of 250 character limit

****If all services for the specific legacy claim that is being adjusted does not display accurate service times, the system will not process the payment accurately and this can result in the agency not receiving all funds.**** 6.1 Services Rendered Report

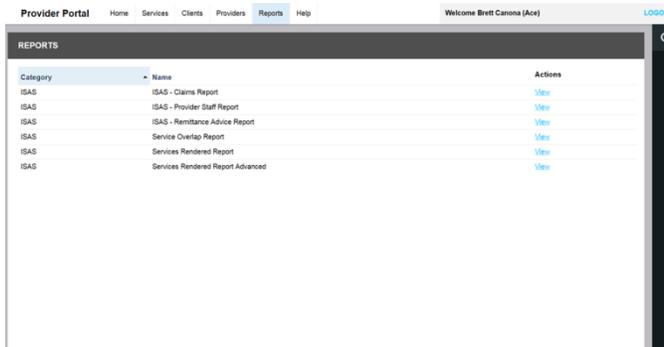
The SRR-A has many helpful features to make the job of the Administrator a bit easier. Agency Administrators can use the SRR-A to understand service trends, Staff Provider behavior, and billing and payment details.

SRR-A Includes information about:

- Each billing week
- The allowed POS hours of the Participant's active POS
- Service times, units, and statuses
- Original and Adjusted claim information for each service

6.2 Using the SRR-A:

1. Log into ISAS
2. Click on the "Reports" tab
3. Find the "ISAS-Services Rendered Report Advanced" and click on the "View" Link.



4. A provider can search by any or all of the following criteria:
 - Year
 - Week (the weeks are separated into the ISAS billing weeks Thursday – Wednesday)
 - Client (Participant) name
 - MA#
 - Staff Name
 - Service Activity Status

A screenshot of the SRR-A search form. The form is titled 'reportviewer?reportName=Services%20Rendered%20Report'. It contains several input fields and dropdown menus for filtering search results. The fields include: 'Service Date From (mm/dd/yyyy)*' with the value '10/10/2017 12:00:00 AM'; 'Service Date To (mm/dd/yyyy)*' with the value '11/10/2017 12:00:00 AM'; 'Program Type*' with a dropdown menu showing 'CFC, CO, CPAS, ICS'; 'Service*' with a dropdown menu showing 'Unknown, W5519 - Personal Assis'; 'Provider Number*' with a dropdown menu showing 'Ace Branch Location - 551998715'; 'Client ID / MA #'; 'Staff Name'; 'Client Name'; 'Service Activity Status*' with a dropdown menu showing 'Ready, Closed, Needs Authorizatic'; and 'Report Data*' with a dropdown menu showing 'Service Activity Detail (comments)'. A 'View Report' button is located on the right side of the form.

The example report below was generated for a full month of services. The report will display each billing week separately.

Example Report:

Date Created: 11/10/2017 8:00:31 PM

ISAS - Services Rendered Report

Search Criteria:
 Service Date From: 10/10/2017
 Service Date To: 11/10/2017
 Program Type: CFC, CO, CPAS, ICS
 Service: Unknown, W5519 - Personal Assistance Agency, W5520 - Personal Assistance Independent, W5521 - Personal Assistance — Shared Attendant, W5530 - Personal Assistance Agency, W5531 - Personal Assistance Independent, W5532 - Daily Personal Assistance, W5533 - Daily Personal Assistance - Shared Attendant, W5534 - Daily Personal Assistance, W5535 - Daily Personal Assistance - Shared Attendant
 Provider Number: Ace Branch Location - 551998715, Ace Housing Authority - 551698455
 Staff Name:
 Client Name:
 Client ID / MA #:
 Service Activity Status: Ready, Closed, Needs Authorization, Pending MDH, Pending Provider, MDH In Progress, Provider In Progress, New, MDH Reviewed, Not Authorized
 Report Data: Service Activity Detail (comments)
 Report Date: 11/10/2017
 Total Number of Service Activities Returned: 15

Service Date	Provider Name	Provider Number	Staff Name	Client Name	Client MA #	Program	Service (Click on the link to see call transactions)	Service Initiation Source	Start Time	End Time	Service Duration (hours)
10/10/2017		551698455	Two test	Oglewood, Benjamin	15648987433		W5519 - Personal Assistance Agency	Provider Manual	10/10/2017 12:55 PM	10/10/2017 2:00 PM	1.08

6.3 SRR-A Service Status

The SRR-A report will let the Administrator review the status of every service provided. The example below shows on 11/22/2016 Staff Provider Annie Jones forgot to clock-out so the service status is “Missing time”. Click on the Missing Time link. This link is a short cut to the Exceptions tab. It will allow the Administrator to submit a MTR.

Clock In Time	Clock Out Time	Staff Name	Service Initiation Source	POS Hours	Service Length (Hours)	Service Status
11/17/2016 10:58 AM	11/17/2016 7:19 PM	Joe Smith	Telephone	56.00	8.35	Closed
11/18/2016 8:49 AM	11/18/2016 4:51 PM	Joe Smith	Telephone	56.00	8.03	Closed
11/19/2016 8:57 AM	11/19/2016 5:44 PM	Annie Jones	Telephone	56.00	8.78	Closed
11/21/2016 1:20 PM	11/21/2016 4:12 PM	Joe Smith	Telephone	56.00	2.87	Closed
11/22/2016 9:07 AM	N/A	Annie Jones	Clock-In: Telephone	N/A	N/A	New: Missing Time

SRR-A Claim Information

The SRR-A report also displays claim information. To review each claim in full detail, click on the link provided in the “Claim History” column.

Total Service Length (Hours)	Total Service Length (Units)	Units Billed	Claim History	Amount Paid in ISAS (Gross)*
6.13	25.00	25.00	Original Claim Paid	\$208.26
4.25	17.00	17.00	Original Claim Paid	\$141.62
5.25	21.00	21.00	Original Claim Paid	\$174.94
5.17	21.00	21.00	Original Claim Paid	\$174.94
6.47	26.00	20.00	Original Claim Paid	\$166.60
2.90	12.00	0.00	Original Claim Rejected	\$0.00



6.4 SRR-A Claim Comments

In the Claims Comments section, this report will display all comments associated with a particular Service/Claim. If the service was rejected or the claim was not paid, there will be notes from MDH regarding the rejection.

Claim Level							Service Comments	Claim Comments
Length (Hours)	Service Status	Total Service Length (Hours)	Total Service Length (Units)	Units Billed	Claim History	Amount Paid in ISAS (Gross)*		
1.00	MDH In Progress	N/A	N/A	N/A	N/A	N/A	isasadministrator1 ISAS1, Ace, 2017-10-30 9:52PM Forgotten Clock In/Out - isasadministrator1 ISAS1, Ace, 2017-10-30 4:28PM Forgotten Clock In/Out -	N/A
4.00	MDH In Progress	N/A	N/A	N/A	N/A	N/A	isasadministrator1 ISAS1, Ace, 2017-10-31 10:20AM Forgotten Clock In/Out - isasadministrator1 ISAS1, Ace, 2017-10-31 10:20AM Forgotten Clock In/Out -	N/A

Problem	Department	Contact
Agency hasn't been paid but claims are listed as "paid" in ISAS	Maryland Comptroller	1-800-638-2937
Change of Address or Phone number	MDH CO and CFC Waiver Unit	MDH.coproviders@maryland.gov 410-767-1739
Services not authorized	ISAS Division	MDH.ISAShelp@maryland.gov 410-767-1719
Pending services due to exceptions	ISAS Division	MDH.ISAShelp@maryland.gov 410-767-1719
Staff unable to clock in/out	ISAS Help Desk	ISAShelpdesk@Ltssmaryland.gov 1-855-463-5877
Unable to log into ISAS online	ISAS Help Desk	ISAShelpdesk@Ltssmaryland.gov 1-855-463-5877
Registering for ISAS	ISAS Help Desk	ISAShelpdesk@Ltssmaryland.gov 1-855-463-5877
Technical Support for call-in system	ISAS Help Desk	ISAShelpdesk@Ltssmaryland.gov 1-855-463-5877
ISAS policy questions	ISAS Division ISAS Website	MDH.ISAShelp@maryland.gov 410-767-1719
ISAS Training	ISAS MDH	www.LTSSTraining.org
OTP device issues	Supports Planner ISAS Division	Specific to Participant MDH.ISAShelp@maryland.gov
POS Authorization question	Supports Planner	Specific to Participant
POS hours increase	Supports Planner	Specific to Participant
Agency Provider Enrollment	MDH CO and CFC Waiver Unit	MDH.coproviders@maryland.gov 410-767-1739

The ISAS Division prefers to receive your comments via email

- MDH.ISAShelp@maryland.gov

Please make sure you do not include Personal Health Information (PHI) in emails sent to MDH

- Medicaid Numbers and detailed Participant Information should not be sent.
- Please send the participant's first initial, Last Name and the last 4 digits of the participant's Medicaid number A#

Example: W. Jones MA#1234